INTERIM DESIGNATION OF AGENT TO RECEIVE NOTIFICATION OF CLAIMED INFRINGEMENT

Note: This Interim Designation must be accompanied by a \$30 filing fee made payable to the Register of Copyrights. Please mail this form to: Copyright GC/I&R, P.O. Box 70400, Southwest Station, Washington, D.C. 20024

Full Legal Name of Service Provider: Pa	artners in Family & Communit	y Develop	ment
Alternative Name(s) of Service Provider (provider is doing business): Community	including all names under which the se ties That Care, Bradford-Tio		e
Address of Service Provider: 409 Sou	ath Main Street, Athens, PA	18810	
Name of Agent Designated to Receive Not	-		
Full Address of Designated Agent to which			
(Please ensure you are using a street address and not a 409 South Main Street, Ath	DA 18810		/En
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409 South Main Street, Ath Telephone Number of Designated Agent:	nens, PA 18810	APR 0 7 2	2003
409 South Main Street, Ath Telephone Number of Designated Agent: Facsimile Number of Designated Agent:	570-882-8338 570-882-8340 ctc_partners@hotmail.com	APR 0 7 2	2003
409 South Main Street, Ath Telephone Number of Designated Agent: Facsimile Number of Designated Agent: Email Address of Designated Agent:	570-882-8338 570-882-8340 ctc_partners@hotmail.com	APR 0 7 2 OPYRIGHT O	2003
Telephone Number of Designated Agent: Facsimile Number of Designated Agent: Email Address of Designated Agent: Signature of Officer or Representative of t	570-882-8338 570-882-8340 ctc_partners@hotmail.com	APR 0 7 2 OPYRIGHT O	2003

